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FAX

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Brenda O. Holmes
FROM17
PAGES (WITH COVER)1021
REFERENCE NO52224/294510
CLIENT/MATTER NO.

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COMMENTS

Please acknowledge receipt of the items listed below:

- 1 Request for Continued Examination
- 2 Fee Transmittal
- 3 Petition for Extension
- 4 Amendment Transmittal Letter
- 5 Amendment and Response and Request for Interview
- 6 Credit Card Payment Form

Title: System and Method to Assure Network Service Levels with Intelligent Routing
 Serial No.: 09/833,219
 Filing Date: April 10, 2001
 By: Brenda O. Holmes, Esq.
 Reg. No. 40,339

TO BE COMPLETED BY KS OPERATIONS CENTER

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 905

Complete if Known	
Application Number	09/833,219
Filing Date	April 10, 2001
First Named Inventor	Eric Klinker
Examiner Name	Saba Tsegaye
Art Unit	2862
Attorney Docket No.	52224/294510

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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) :

Deposit Account Deposit Account Number: 11-0855 Deposit Account Name: Kilpatrick Stockton LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 Under 37 CFR 1.16 and 1.17

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FEES CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple Dependent Claims	
Fee (\$)	Fee (\$)
_____	_____

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
-20 or HP=	x	=	_____	Fee (\$)	Fee (\$)	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.				_____	_____	_____

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 3 or HP=	x	=	_____	Fee (\$)	Fee (\$)	Fee (\$)
HP = highest number of independent claims paid for, if greater than 3.				_____	_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : RCE & Three Month Ext. Fee

905

SUBMITTED BY

Signature	<i>Brenda O'Neal</i>	Registration No. (Attorney/Agent)	40,339	Telephone	404 915 8500
Name (Print/Type)	Brenda O'Neal			Date	September 11, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AMENDMENT TRANSMITTAL LETTER		Docket Number: 52224/294510																																							
Application Number 09/833,219	Filing Date April 10, 2001	Examiner Saba Tsegaye		Art Unit 2662																																					
Invention Title: SYSTEM AND METHOD TO ASSURE NETWORK SERVICE LEVELS WITH INTELLIGENT ROUTING		RECEIVED CENTRAL FAX CENTER SEP 11 2006																																							
<p>I. The filing fee has been calculated as shown below:</p> <table border="1"> <thead> <tr> <th></th> <th>CLAIMS REMAINING AFTER AMENDMENT</th> <th></th> <th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th>PRESENT NUMBER EXTRA</th> <th>RATE (\$)</th> <th>FEE (\$)</th> </tr> </thead> <tbody> <tr> <td>TOTAL CLAIMS</td> <td>18</td> <td>minus</td> <td>27</td> <td>0</td> <td>25.00</td> <td>0.00</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td>6</td> <td>minus</td> <td>6</td> <td>0</td> <td>100.00</td> <td>0.00</td> </tr> <tr> <td>MULTIPLE DEPENDENT CLAIM ADDED</td> <td></td> <td></td> <td></td> <td></td> <td>280.00</td> <td>00.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>TOTAL</td> <td>0.00</td> <td></td> </tr> </tbody> </table> <p>If applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here. SMALL ENTITY TOTAL n/a</p>								CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE (\$)	FEE (\$)	TOTAL CLAIMS	18	minus	27	0	25.00	0.00	INDEPENDENT CLAIMS	6	minus	6	0	100.00	0.00	MULTIPLE DEPENDENT CLAIM ADDED					280.00	00.00					TOTAL	0.00	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE (\$)	FEE (\$)																																			
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MULTIPLE DEPENDENT CLAIM ADDED					280.00	00.00																																			
				TOTAL	0.00																																				
<p>II. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No <u>11-0855</u>. A duplicate copy of this sheet is enclosed.</p> <p>III. Applicants' undersigned attorney may be reached by telephone in our Washington, D.C. Office at: (202) 508-5800</p> <p>All correspondence should continue to be directed to our below-listed address.</p> <p>Date: <u>09-11-2006</u> By: <u>Brenda O. Holmes</u></p> <p>Brenda O. Holmes Registration No.: 40,339</p> <p>KILPATRICK STOCKTON LLP 1100 Peachtree Street, Suite 2800 Atlanta, Georgia 30309-4530 Telephone: (404) 815-6500 Facsimile: (404) 815-6555</p>																																									

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.